

APPLICATION SIDE (To be filled by depositor)



Name of the Post Office.....

Date

DDMMYY

Type of Account: ☐ SB ☐ RD ☐ TD ☐ MIS ☐ SCSS ☐ PPF ☐ SSA ☐ KVP ☐ NSC, Others.....

Account No.

(1) I/We hereby submit pass book and apply for closure of my above mentioned account matured on _____.

(2) Please Credit the amount to my SB Account no. _____ standing at _____ (Name of Account office).

OR Please issue account payee cheque

OR Please pay in cash (applicable if the amount is below permissible limit)

*Certified, that the amount sought to be withdrawn is required for the use of _____ who is alive and still a Minor/unsound mind.

Signature or thumb impression of account holder(s)/guardian

Attested By.....(Name & Address)
(Applicable in case of thumb impression)

Initial of Postal Assistant

Initial of Postmaster



PAYMENT ORDER (For office use only)

Date

DDMMYY

Transaction ID -----

Payment Details

Principal:- ₹.....

Interest due(+):- ₹.....

Recovery of Interest overpaid (-):- ₹.....

Deduction (if any) (-):- ₹.....

Total amount to be paid ₹.....(In figures)

₹.....(in words)



Date Stamp



Signature of Postmaster

ACQUITTANCE (to be filled by depositor)

Received ₹.....(In figures) ₹.....

.....(in

words) by Cash or Cheque No..... dated or

Please credit into my Savings Account No.....



Signature or thumb impression of account holder(s)/guardian

Mobile No.

Attested By.....(Name & Address)

(Applicable in case of thumb impression)

Date

DDMMYY